

utiles au patient et au médecin pour le suivi des traitements. Ce carnet a été élaboré selon les recommandations « d'élaboration de document d'information destiné au patient » de la Haute Autorité de Santé. Les recommandations des sociétés savantes concernant la prise en charge de la spasticité, les bases de données d'information sur les médicaments anti-spastiques ont également été consultées.

Résultat.– Le format retenu est identique à celui du carnet de suivi des anti-vitamine K. Il contient des informations pratiques, pour le patient, sur la spasticité et la toxine botulinique et des données médicales concernant les séances d'injection (date, dose injectée, muscle concerné). Le carnet sera présenté par le médecin puis remis au patient au préalable de la première injection, il sera ensuite apporté par le patient à chaque séance d'injection et complété par le médecin.

Discussion.– Le travail est original, il n'existe actuellement pas de support d'information de ce type. Cet outil devrait permettre d'améliorer la qualité de la prise en charge des patients et de répondre à une de leurs demandes : disposer en plus de l'information orale d'un support écrit à conserver.

Conclusion.– La validation du projet par la Société Française de Médecine Physique et Réadaptation est la prochaine étape ainsi que l'évaluation du carnet auprès des patients. Il sera envisagé ensuite une mise à disposition du carnet à l'ensemble des médecins impliqués dans l'utilisation de la toxine botulinique.

<http://dx.doi.org/10.1016/j.rehab.2013.07.311>

Posters

English version

P023-e

Drugs for secondary prevention after stroke: Design and evaluation of information brochures for patients and caregivers



A. Radiguet^a, S. Jacquin-Courtois^a, J. Luauté^a, L. Derex^b, S. Bauler^a, C. Feutrier^c, G. Rode^a, A. Janoly-Dumenil^{a,*}

^a Hospices Civils de Lyon, hôpital Henry-Gabrielle, 20, route de Vourles, Saint-Genis-Laval, France

^b Hospices Civils de Lyon, hôpital neurologique

^c Hospices Civils de Lyon, unité transversale d'éducation thérapeutique

*Corresponding author.

E-mail address: audrey.janoly-dumenil@chu-lyon.fr

Keywords: Drugs; Medication brochures; Cardiovascular prevention; Stroke; Therapeutic education

Neurological rehabilitation departments support patients with severe stroke. In addition to physical rehabilitation, pharmacological treatment and dietary measures are implemented to prevent stroke recurrence. As part of an educational process around patient adherence to treatment, we have developed therapeutic brochures of drugs prescribed after a stroke.

The information brochures were developed by two pharmacists AJD and AR based on the recommendations of the HAS “development of patient information document”. They targeted drugs for cardiovascular prevention (antihypertensive, antiplatelet, AVK and new oral anticoagulants, statins) and medications used in the treatment of neuropathic pain, spasticity, and urinary disorders. The therapeutic supports were validated by rehabilitation physicians and neurologists. An evaluation was then conducted by interview (from a questionnaire) of patients/caregivers during hospital stay. The objective was to test the brochures on the substance and form. Changes have been made following the assessment.

Nineteen brochures were made, 15 for “drugs” and four for the “therapeutic care” of secondary prevention, urinary disorders, spasticity, neuropathic pain. The information brochures were tested by nine patients and three caregivers. They have been found useful to very useful, and providing new relevant information. Taking into account the comments of patients has led us to “simplify” certain words or phrases and reformulate key messages. Finally, the evaluation has shown that for an optimal understanding, the information brochure had to be explained by physician or pharmacist before to be given to patient.

This work is original, there is currently no specific therapeutic tools about medication after stroke. It is part of the educational interventions advocated by

the national stroke from 2010 to 2014. The brochures were submitted to SOFMER and SFNV (Société Française Neurovasculaire) for validation. They could be used in clinical departments neurological and rehabilitation to support the explanation of the order at hospital discharge. In addition, they could be made available to community pharmacists and general physicians, as a tool to support long-term care patient.

<http://dx.doi.org/10.1016/j.rehab.2013.07.312>

P024-e

Impact of a program of therapeutic education on quality of life of patients with rheumatoid arthritis



F. El Abed^{*}, F. Benlebna, Z. Djaroud

Établissement hospitalo-universitaire Oran, EHU 1er novembre 1954, Usto Oran Algeria, 31416 Oran, Algérie

*Corresponding author.

E-mail address: elabedf@yahoo.fr

Keywords: Therapeutic education; Disability; Rheumatoid arthritis

Introduction.– Rheumatoid arthritis is the most common chronic inflammatory rheumatism. One of first causes of disability, not always severe, may be fluctuating and inconspicuous nevertheless binding and painful sounding on daily life.

Aim.– Determine the place of therapeutic education in the treatment of arthritis.

Material and method.– Prospective study on 60 patients with rheumatoid taken in charge by MPR from 01/01/2011 to 31/03/2013 who have completed a program of therapeutic education.

Results.– Our 60 patients, 52 are women. The average age is 47.18 years. About 36.66% have professional, 65% activity are married with children.

History personal, we find an HTA (11.67%), a diabete's induced (18.33%), dyslipidemia (1.67%) and a rheumatoid arthritis family (11.67%).

For seniority, arthritis is changing less than five years (26.67%) and more than 10 years (31.67%) with notion of juvenile chronic arthritis (6.67%). Evolution by boost remission (100%).

For medical treatment, 44% are under methotrexate, 75% under corticosteroids (including 8.33% less than 02 years) with a progressive (21.27%) withdrawal; 86.67% benefited from biotherapy. About 78.33% take NSAIDs.

Joint stiffness are noted (18.33%) predominant in the knees (80% have joint deformations with 40 per cent in the hands and wrists). Associated dry syndrome (13.33%). About 30.97% have x-rays of the hands, feet and knees highlighting especially by the carpites and tarsites.

Sixty patients were included in the therapeutic learning program but 11 have not gone down for family reasons. The median of the satisfaction scale is 09,06/10. Three months after the therapeutic learning program, it should be noted a decrease in VAS pain (63.26%), DAS28VS (69.38%) decreased, (63.26%) HAD decreased and a decrease in HAQ (61.82%) with the quasi-quotidian port of the palm rest orthotics (40%).

Discussion / Conclusion.– It appears clear that the reduction of the pain, functional and psychological improvement are proportional, with an improvement in the quality of life in more than 60% of our patients after the therapeutic learning program. However, no study to date has proven its effectiveness on the activity of the disease.

<http://dx.doi.org/10.1016/j.rehab.2013.07.313>

P025-e

Representations of the concepts in therapeutic patient education for professionals of care



I. Tavares

CHU lapeyronie, avenue Doyen-Gaston-Giraud, 34000 Montpellier, France

E-mail address: isabelletavares@yahoo.fr

Objective.– A study was led by Roussel and Deccache to understand better the link between the representations and the practices of professionals of care doing therapeutic patient education. The objective of our study was to know the representations of nursing formed in the therapeutic patient education participating in a same program at the HOSPITAL of Montpellier.

Method.– A questionnaire with open questions was handed to 8 participating in a therapeutic educational program concerning patients affected by spondylitis,